

Student Artwork Release Form

I give my consent to the Florida Historic Capitol Museum to display my minor child's artwork in the Capitol Visions: 2058 art gallery, and for to be used for promotional purposes for the exhibit. All copyright shall reside with the entering artist. I understand that my child's name, county, and school, will be included when displaying the artwork.

I understand that care will be taken in handling the artwork, but I will not hold the Florida Historic Capitol Museum or other exhibit sponsors responsible for loss or damage to the artwork.

Parent Name: _____

Child's Name: _____

School: _____

Teacher: _____

Signature of Parent or Guardian: _____